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Building resilience in emergency service personnel through organisational structures

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Abstract

Due to the relatively high level of exposure to potential stress and trauma in the workforce, emergency service organisations such as, police, ambulance, fire and the military, have long understood the need for a resilient workforce. However, workplace intervention and support programs have traditionally used a deprivation approach to caring for their employees. That is, programs are aimed at intervening when psychological problems of individual workers become apparent. More recently, a salutogenic paradigm has been adopted in emergency service research and with it, some substantial changes in the way organisations are viewing their staff support programs. This paper highlights different approaches that have been taken to providing emergency service Employee Assistance Programs (EAPs) and comprises some of the early evidence that supports a proactive approach to building a resilient emergency service. Specific factors inherent in the individual that promote resilience as well as variables associated with the organisation are discussed.

Much of the social research that is conducted with emergency service populations has been embedded within a paradigm of psychopathology and deprivation. As such, research has tended to examine predictors and correlates of Posttraumatic Stress Disorder (PTSD), drug abuse, depression and anxiety and ways in which the symptoms of these disorders may be alleviated (e.g., McFarlane, 2000; Regehr, Goldberg, & Hughes, 2002; Rose, Bisson, & Wessely, 2001). Employee Assistance Programs (EAPs) have followed suit, intervening at an individual level when problems are detected. Indeed, a major criticism of EAPs in the literature is that most services are superficial and do not view the individual in the broader context of their lives and so fail to recognise that particular environments produce different kinds of stressors (Arthur, 2000).

As assistance programs tend to be aimed at the individual, they also fail to address the variables within the organisation that have a part to play in staff well-being. As Arthur (2000) cautions, unless the EAP is part of holistic strategies that involve management, human resources and occupational health divisions, they can not ward off the impact of a stressful work environment. Increasing the complexity faced by

emergency service organisations, the potential for psychological trauma, which is inherent in the emergency service role, is a relatively new territory for an organisation's construction of risk management (Schneider, 2002). Additionally, there is no doubt that in a climate of litigation, such organisations need to demonstrate they have exercised their corporate responsibility in applying an understanding of the risks their personnel face and of ways in which the organisation can be proactive in order to minimise those risks (Shakespeare-Finch & Gow, 2004). The risk factors then, in terms of vulnerability to the pathological outcomes, and the variables that promote resilience and growth, are both individual and contextual.

Individual Differences

There are various individual difference factors that influence the way people respond to trauma and other extremely stressful incidents. For example, dimensions of personality including extraversion, agreeableness, openness and conscientiousness have been found to account for significant variance in posttraumatic growth scores in both general populations (e.g., Tedeschi & Calhoun, 1996) and in emergency service workers (Shakespeare-Finch, Gow, & Smith, 2005). Coping variables such as positive reinterpretation and emotional support and expression, appear to mediate this relationship between dispositions and positive post-trauma changes (Shakespeare-Finch et al.). Possessing a broad range of coping strategies has also been found to be predictive of healthy family functioning in ambulance personnel (Shakespeare-Finch, Smith, & Obst, 2002).

Research examining mortality rates as the dependent variable, has demonstrated the positive benefits of giving social support above and beyond those benefits associated with receiving social support (Brown, Nesse, Vinokur, & Smith, 2003). Those positive benefits have also been found in emergency service workers. For example, those occupying the role of Peer Support Officer have been reported to have very high levels of satisfaction in the work context, and significantly higher levels when compared to officers who do not occupy such a role (Shakespeare-Finch & Scully,

2004). Receiving peer support has also been found to be a more productive correlate of well-being than support received from non-peer sources in fire-fighters (Beaton, Murphy, Pike, & Corneil, 1997).

Organisational interventions and personnel well-being

Notwithstanding the benefits associated with peer support, the way in which an emergency service worker interprets a potentially traumatising event depends to some extent on their organisational experience (Gist & Woodall, 2000). Organisational variables have been demonstrated to have more of an impact on post-trauma outcomes in emergency service organisations than the nature of the event per se and it has been argued that they account for more post-trauma and crisis variance than individual difference variables (Gist & Woodall, 2000; Paton, 2006). Issues such as poor communication, lack of consultation and other organisational hassles have been positively correlated with negative post-trauma symptoms in police officers' but are not related to positive post-trauma changes (Paton). That said, positive post-trauma changes are related to positive perceptions of the organisation such as, feeling recognised for a job well done, being given responsibility and being engendered with a sense of empowerment (Paton).

While there have been a number of versions of EAPs in emergency services, the EAPs that have developed in many such organisations over the past two decades have been based on Jeffery Mitchell's model (Mitchell, 1983) of Critical Incident Stress Management (CISM). However, there is much debate over components of emergency service EAPs and programs still vary considerably. For example, in a study of Scottish ambulance services, Alexander and Klein (2001) reported that the organisation did not have pre-incident psychoeducational training in coping with critical incidents which is a component of the original Mitchell model and an element the ambulance officers thought would be useful. Further, the practice of debriefing, arguably the cornerstone of the Mitchell model, has met with an ever growing body of scientific evidence questioning its efficacy and even suggesting the practice may be toxic for some people (Rose et al., 2001).

The Cochrane review of debriefing, which was published in part by Rose et al. (2001), also describes the risk that psychological debriefing may medicalise normal distress. They suggest that it may increase the expectancy of developing psychological symptoms in those who would otherwise not have done so. These recent revelations regarding the potential harmfulness rather than helpfulness of debriefing, has resulted in organisations withdrawing their provision of trauma

care (Tehrani, Cox, & Cox 2002). Such an occurrence is disturbing for a number of reasons, not the least of which is that EAPs are the main intervention for occupational stress that is provided by employers and that the main EAP benefit demonstrated thus far is the advantage of early intervention in minimising psychological injury (Arthurs, 2000).

A shifting paradigm

Responding to these and other clinical suggestions, in recent years the traditional pathogenic paradigm adopted in researching those exposed to stressful and potentially traumatic experiences has begun to shift to a salutogenic model of research where the interest is on identifying predictors of resilience and health. This paradigm does not denounce the experience of distress but rather, within the context of trauma, recognises that both positive and negative post-trauma outcomes occur, sometimes concurrently, and therefore both concepts need to be included in a complete investigation and/or intervention. Research conducted within the emergency service context has demonstrated some encouraging results regarding the well-being of personnel. For example, quantitative results have demonstrated that positive post-trauma changes are prevalent phenomena in emergency service workers and a more common outcome than ongoing symptoms of pathology (Shakespeare-Finch, Smith, Gow, Embelton, & Baird, 2003). Underpinning this recent surge of research from a salutogenic view is the belief that a research approach based in determining the origins of health has the potential for better health outcomes. Further, the approach aims to build on strengths already inherent in the individual and in the organisation.

The organisation also has responsibilities to its personnel and can increase the likelihood of positive outcomes and decrease the incidents of psychopathology in a number of ways. For example, they must be aware of the potential hazards, assess the impact of critical incidents on employees, intervene when it is obvious that a member of staff is not doing well, provide support, provide professional counselling, and 'normalise' the traumatic stress responses that may occur due to traumatic events (which is also a culturally specific notion) (Shakespeare-Finch, & Gow, 2004). So how does the organisation fulfil these obligations to its staff? The specifics obviously vary with the organisation but essentially the elements include, organisational systems and procedures, managerial style & practices, and the transition to and from crisis information management and decision making; preparation of responders and their families and the support for the recovery of ESW's, managers and their families (Paton, 2006; Shakespeare-Finch, 2006).

Specifics also vary depending on the nature of the event. A number of studies have examined how pre-

deployment preparation has impacted on emergency personnel and on their families and have proposed ways in which the experience can be best facilitated for all concerned (see Shakespeare-Finch, Paton, & Violanti, 2003; Shakespeare-Finch & Scully, in press). For example, examining a group of respondents' pre and post deployment to the Tsunami ravaged areas of Asia revealed that it was important to ensure sufficient preparation by creating a team identity and sense of coherence through structuring relationships. That is, effectively communicating roles of leadership, decision making and ensuring trust between team members increases the likelihood of a resilient group. These competencies enhanced resilience to stress through a process of rendering the experience meaningful and improving response effectiveness. They facilitated sense-making of an experience by focusing on events as learning opportunities and by making positive constructions (Shakespeare-Finch & Scully, in press). Results reiterate the need for psychological preparedness to be built into the training provided for professionals (Paton, 2006).

An example of examining an emergency service EAP

Some services have recognised this shift to a strengths based approach, the research that questions the efficacy of more traditional model components of EAPs, and the proposal that using trained peer supporters as the first line of a comprehensive EAP may be very beneficial for staff well-being. The Queensland Ambulance Service (QAS) is one such organisation that has modified its EAP accordingly and currently provides a peer support officer program, external professional counsellor access for staff and their families, 24 hour telephone counselling, psychosocial education in its training programs, a chaplaincy and support groups for indigenous staff and those identifying as gay and lesbian (Shakespeare-Finch, & Scully, 2004). Setting up such a program is based on perceptions of best practice at the time but also must be subject to thorough assessment.

In general, there has been very little rigorous research conducted regarding the efficacy of staff support and intervention programs in emergency services. It is usually assumed that if the services are being accessed (e.g., usage data), then the organisation has fulfilled its responsibilities. However, it has been proposed that such programs are not best measured by activity, but instead by levels of well-being or the satisfaction of users (Posavac & Carey, 1997). So even though objective data regarding the levels of usage of an EAP is important for accountability, it is not the most valid way of determining the success of the program.

Bearing this in mind, Shakespeare-Finch and Scully (2004), at the request of the organisation, conducted a multiple method evaluation of an Australian ambulance service EAP using qualitative and quantitative methods. Focus groups ($N = 51$), a comprehensive survey instrument ($N = 661$) and usage data were examined to determine levels of satisfaction with the program which exists within a strengths based approach to support, utilising trained peers as a first line of support. Results provided promising results for the personnel and the service. That is, the various arms of the program were found to be used frequently and regarded highly by the vast majority of the staff they aimed to support (see Shakespeare-Finch, & Scully, 2004). It is understandable to assume that given the nature of the job, staff may most often seek support in dealing with trauma related issues, but in this study staff sought counsel most often for work-related stress issues that were not identified as work-trauma related issues; a result that is consistent with previous research (e.g., Alexander & Klein, 2001). A need for increased psychosocial awareness and education of management has also been highlighted in the literature and research conducted with other populations (e.g., Alexander & Klein, 2001; Arthur, 2000) and was echoed in this study. Importantly, the EAP examined continues to monitor its effectiveness and strives to improve.

Practical suggestions

In order to build resilience it is useful to remind people of their strengths. Within an emergency service context, this may occur through reminding personnel that they are providing a vital service to the community, highlighting the positive aspects of the ESW role including using professional skills that can achieve very meaningful outcomes, and remembering all the jobs that have gone well (Shakespeare-Finch, 2006). These strategies need not only be employed during initial training, but continue periodically. It is also important that resilient beings see themselves as survivors rather than victims. One way of doing this is to realise that vulnerability is part of strength; stressful life events are inevitable and make life worthwhile and interesting (Frankl, 1992). At a group level, organisations can seek to create meaningful and challenging group tasks and then recognise and reward accomplishments. It is also important to remember to lead by example and to know what you, in your role, whether it is a manager, a respondent, or a leader, are capable of doing. In other words, know your limitations and know when to engage the assistance of others (Shakespeare-Finch & Scully, in press).

In the role of supporter, it is also important to care for yourself. The process of caring for yourself starts by self-monitoring (such as cognitions) and by periodically re-visiting your own sense of meaning, sharing with

colleagues and maintaining professional supervision (Shakespeare-Finch, 2006). Emergency service workers are a vital people who provide an extraordinary service to the community at local, national and global levels. Just like the broader community, emergency service workers experience events that can be perceived as stressful and traumatic and just like the broader population, most are resilient to the difficulties they face. Many also perceive these difficulties as a means by which their lives can become richer, fuller, and more meaningful. It is an organisational responsibility to foster these positive perspectives and build on the resilience that is inherent in us all; especially in those who have self-selected for an occupation that they are well aware will be filled with challenges and hence, opportunities for growth.

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